

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566,316

FILING DATE

1-27-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	6					
2		1					52	1					
3		1					53		1				
4		1					54		1				
5							55		1				
6							56		2				
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22	1						72						
23		1					73						
24		1					74						
25			4				75						
26			4				76						
27			4				77						
28			1				78						
29			1				79						
30			4				80						
31			4				81						
32			4				82						
33			4				83						
34			4				84						
35			4				85						
36			4				86						
37			2				87						
38			2				88						
39	1						89						
40		1					90						
41		1					91						
42		1					92						
43			6				93						
44			6				94						
45			6				95						
46			6				96						
47			6				97						
48			6				98						
49			6				99						
50			6				100						
TOTAL IND.							TOTAL IND.	4					
TOTAL DEP.							TOTAL DEP.	169					
TOTAL CLAIMS							TOTAL CLAIMS	173					

1-18 1-5

6-15

2-10

4-9